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	DIXIE E. CIUZ-ALEMAN					(5 (5)
				succes	Cruz-Cla	(Signature)
				4/2	21104	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/712,478	11/13/2003	John Brian		Bartolone	J6868(C)	8322
TITLE OF INVENTION: EI	LECTROCHEMICAL MET	HOD AND SYST	EM FOR DY	EING HAIR		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	11/01/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
ELHILO, EISA B		1751	1751 008-401000		_	
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list						
CFR 1.363).		· · · · · · · · · · · · · · · · · · ·	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.		Lorrespondence		or, alternatively, me of a single firm (having a	as a member a 2	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is			
Number is required.				name will be printed.	3	
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	THE PATEN	Γ (print or type)		
PLEASE NOTE: Unless	an assignee is identified be	elow, no assignee of this form is NO	data will app	ear on the patent. If an ass	signee is identified below, the	document has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 1230 00 DD						
Hadaman Hara C Danagara I Cama HCA Chicago Illinois VI FUIIVI 1300 NA DA						
Division of Conopco, Inc.						
Please check the appropriate assignee category or categories (will not be printed on the patent);						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
X Issue Fee			☐ A check in the amount of the fec(s) is enclosed.			
N Publication Fee (No small entity discount permitted)			☐ Payment by credit card. Form PTO-2038 is attached.			
X Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number			
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• • •				ant is not claiming SMALL I	ENTITY status. See, e.g., 37 CF	R 1.27(g)(2).
The Director of the USPTO	is requested to apply the Issi	ue Fee and Publica	tion Fee (if ar	ny) or to re-apply any previo	ously paid issue fee to the applic	ation identified above.
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(Authorized Signature)	0 ()	(Date)	7 /	1 21		
Michael [. Cronen	<u></u>	epten	ther 21,200	4	11 d HOPTO
an application. Confidentiali	ty is governed by 35 U.S.C	. 122 and 37 CFR	n is required 1.14. This co	to obtain or retain a benefit t llection is estimated to take	by the public which is to file (ar 12 minutes to complete, includi	ng gathering, preparing, and
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On September 21, 2004

MICHAEL P. ARONSON

Date of Signature

Reg. No.: 50,372 Agent for Applicant(s)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.:

000201

Attorney Docket No.: J6868(C)

Applicant:

Bartolone et al.

Serial No.: Filed:

10/712,478

For:

November 13, 2003

ELECTROCHEMICAL METHOD AND SYSTEM FOR DYEING HAIR

Group:

1751

Examiner: E. B. ELHILO Edgewater, New Jersey 07020

September 21, 2004

ISSUE FEE TRANSMITTAL

Assistant Commissioner for Patents Alexandria, VA 22313-1450

Sir:

With regard to the above-identified patent application, Applicants(s) are enclosing herewith Issue Fee Transmittal Form PTOL-85(b)(in duplicate). Fifteen (10) soft copies of the printed patent are hereby requested.

Please deduct the \$1330.00 Issue Fee Payment; \$300.00 Publication Fee, and \$30.00 for 10 soft copies of the printed patent from Deposit Account No. 12-1155. Any deficiency or overpayment should be charged or credited to this Deposit Account. This authorization is submitted in triplicate.

Respectfully submitted,

Michael P. Aronson/

Registration No. 50,372 Agent for Applicant(s)

MPA/dca (201) 840-2412